

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/693,233-Conf. #1420</td> </tr> <tr> <td>Filing Date</td> <td>October 24, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Zehra Kaymakcalan</td> </tr> <tr> <td>Title</td> <td>LOW DOSE METHODS FOR TREATING DISORDERS IN WHICH TNF-ALPHA ACTIVITY IS DETRIMENTAL</td> </tr> <tr> <td>Art Unit</td> <td>1644</td> </tr> <tr> <td>Examiner Name</td> <td>SKELDING, ZACHARY S</td> </tr> <tr> <td>Attorney Docket No.</td> <td>117813-99302</td> </tr> </table>	Application Number	10/693,233-Conf. #1420	Filing Date	October 24, 2003	First Named Inventor	Zehra Kaymakcalan	Title	LOW DOSE METHODS FOR TREATING DISORDERS IN WHICH TNF-ALPHA ACTIVITY IS DETRIMENTAL	Art Unit	1644	Examiner Name	SKELDING, ZACHARY S	Attorney Docket No.	117813-99302
Application Number	10/693,233-Conf. #1420														
Filing Date	October 24, 2003														
First Named Inventor	Zehra Kaymakcalan														
Title	LOW DOSE METHODS FOR TREATING DISORDERS IN WHICH TNF-ALPHA ACTIVITY IS DETRIMENTAL														
Art Unit	1644														
Examiner Name	SKELDING, ZACHARY S														
Attorney Docket No.	117813-99302														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.  
**OR**  
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:
 

87501

**OR**  
☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:  
**OR**  
☒ The address associated with Customer Number:
 

87501

**OR**

☐ Firm or Individual Name

Address

City	State	Zip
Country	Telephone	Email

I am the:

☐ Applicant/Inventor.  
**OR**  
☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

**SIGNATURE of Applicant or Assignee of Record**

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 1 forms are submitted.